

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 137

## 1. PLACE OF DEATH:

County... FrederickCity or town... Near Central  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... FrederickCity or town... Rural - Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. Rural - Frederick  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Mary Elizabeth Albaugh

## 3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Chas. E. Albaughdeceased 6. (c) If alive, give age..... years7. Birth date of deceased (mo., day, yr.) Feb'y 25, 18688. AGE: Years 80 Months 4 Days 14 If less than one day..... hrs. .... min.9. Birthplace... Maryland  
(Town, county, and state)10. Usual occupation Housewife

## 11. Industry or business

12. Name... James E. Jones13. Birthplace... Maryland14. Maiden name... Sarah Burgess15. Birthplace... Maryland16. Informant... Mr. Rachel E. JonesAddress P.O. 1 Frederick, Md.17. Burial Date thereof... 7-11-48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... CentralLocation... Central, Frederick Co. Md.18. Funeral director... C. M. WalterAddress... Winfield, Md.19. July 10 19 48 Doc O'Leary  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... July 9, 1948 19... at 2 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 30, 1948 19... to July 9, 1948 19...and that I last saw her... alive on July 9, 1948 19...Immediate cause of death... Myocardial InsufficiencyDURATION 2 daDue to... Senility 2 yrsDue to... Advanced Arterio-sclerosis ? yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations... None

Date of op. ....

Autopsy results... none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... J. Stanley Grabill M. D. or otherAddress... Mt. Airy, Md. Date signed... 7/10/48

RECEIVED  
NOV 9 1948  
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

### 1. PLACE OF DEATH:

County Fredrick  
City or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 45 years  
Hospital, institution, or street address where death occurred:  
35 West Potomac St  
How long in hospital or institution? -

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Fredrick  
City or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 35 West Potomac St  
(If rural, give LOCATION)  
2.(a) If veteran, name war 710

### 3. (a) FULL NAME

Harry Edward Albert

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced married  
6.(b) Name of husband or wife Olara Rockwell  
7. Birth date of deceased (mo., day, yr.) April 12 1885 6.(c) If alive, give age 48 years  
8. AGE: Years 63 Months 3 Days 20 If less than one day hrs. min.

9. Birthplace Maryland  
(Town, county, and state)  
10. Usual occupation Bar Refectarian  
11. Industry or business R. R. Transportation  
12. Name Charles David Albert  
13. Birthplace Maryland  
14. Maiden name Sarah Elizabeth  
15. Birthplace Maryland  
16. Informant Donald Edward Albert  
Address Brunswick Md  
17. Buried Date thereof July 4 1948  
(Burial, cremation, or removal, which) (month) (day) (year)  
Cemetery or crematory Park Heights  
Location Brunswick Md  
18. Funeral director C. F. Felt - Bro  
Address Brunswick Md  
19. July 3 19 48 Kathryn H. Brown  
(Date rec'd by registrar) Registrar

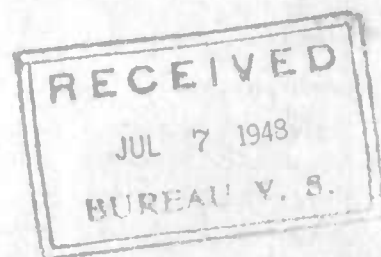
### MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 19 48 2:30 P M  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 19 48 to July 2 19 48  
and that I last saw him alive on July 2 19 48  
Immediate cause of death Myocardial Infarction  
DURATION 5/18/48  
Due to Coronary insufficiency  
Other conditions Coronary insufficiency  
(Include pregnancy within 3 months of death)  
Major findings of operations Coronary insufficiency  
Date of op. 5/18/48  
Autopsy results Coronary insufficiency  
PHYSICIAN: Please underline the cause to which death should be charged statistically.  
22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Coronary insufficiency Date of July 2 1948  
Where did injury occur? Coronary insufficiency (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) Coronary insufficiency  
Means of injury Coronary insufficiency Injured at work? Coronary insufficiency  
23. SIGNATURE Kathryn H. Brown M. D. or other MD  
Date signed July 3 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Evidence for change of age shown on: MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM No. G 116 JUL 12 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:  
County... Frederick  
City or town... Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 30 minutes  
Hospital, institution, or street address where death occurred:  
Frederick Memorial Hospital  
How long in hospital or institution? 30 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State... MD County...  
City or town... Baltimore  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 3237 Belmont Ave  
(If rural, give LOCATION)  
2.(a) If veteran, name war... World War No 1

3. (a) FULL NAME  
JOHN FRANK AMRHEIN

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced MARRIED  
6. (b) Name of husband or wife Agatha Heigervald  
7. Birth date of deceased (mo., day, yr.) August 1 1892  
8. AGE: Years 55 Months 11 Days 3 If less than one day  
hrs. min.

9. Birthplace... Germany  
(Town, county, and state)

10. Usual occupation Baker

11. Industry or business own business

12. Name Karl Amrhein

13. Birthplace Germany

14. Maiden name Mathilde Petersen

15. Birthplace Germany

16. Informant John Frank Amrhein

Address 3225 Belmont Ave

17. Removal Date thereof 7/14/48  
(Month, day, year) (month) (day) (year)

Cemetery or crematory New Cathedral

Location Baltimore, Maryland

18. Funeral director M. R. Elchman & Son

Address Frederick, Maryland

19. 4 July 19 48 Elizabeth Y. Heck  
(Date of death by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 JULY 19 48 at 4:00 P. M.

CERTIFY that death occurred on the date above stated; that I attended deceased from NEVER to 1948

and that I last saw him dead on 4 July 19 48

Immediate cause of death Coronary Thrombosis DURATION 30 min.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Corley Jr. M.D.

ASST. DEP. MED. EXAM. M. D. or other

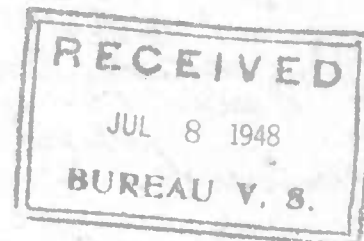
Address Frederick, Md. Date signed 7/4/48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Name of cemetery added on information by J. Cowan, Undertaker, 7/13/48.ams

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07228

## CERTIFICATE OF DEATH

Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 Years  
 Hospital, institution, or street address where death occurred:  
Mount Pleasant  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Mount Pleasant  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

HUGH NIKIRK BARNES

## 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6.(a) ~~Single~~ married, widowed, or divorced M  
 6.(b) Name of husband or wife Mary Ponton  
 7. Birth date of deceased (mo., day, yr.) September 19, 1905  
 8. AGE: Years 42 Months 9 Days 23 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Monrovia-Frederick-Maryland  
 (Town, county, and state)  
 10. Usual occupation Operated General Store & Service Station  
 11. Industry or business Service Station

12. Name Jesse L. Barnes  
 13. Birthplace Frederick County Maryland  
 14. Maiden name Annie V. Nikirk  
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Mary Barnes  
 Address R. F. D. #1, Frederick, Maryland

17. Burial Reformed Cemetery Date thereof 7/15/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Middletown, Maryland  
 Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland  
 Address

19. 15 July 1948 Eligible G. H. Hark  
 (Date read by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 12th 1948 at 10:45 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 20 1947, to 1948  
 and that I last saw him alive on Dec 20 1947

Immediate cause of death Coronary Occlusion DURATION Intermittent

Due to Coronary Sclerosis ?  
Hypertension ?

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE S. Dechouman M. D.  
Frederick, Maryland M. D. or other

Address \_\_\_\_\_ Date signed 7-13-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**RECEIVED**

JUL 19 1948

**BUREAU V. S.**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No.

07230

131

## 1. PLACE OF DEATH:

County Fredricks  
 City or town Rural - Fredericks  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 yrs.  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County Fredricks  
 City or town Rural 7  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Fredricks R.D. 3  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Elizabeth Caroline Bell

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Robert Bell  
 7. Birth date of deceased (mo., day, yr.) March 19, 1856  
 6. (c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years 92 Months 4 Days 12 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Adams County Pa.  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business \_\_\_\_\_  
 12. Name Daniel Cashman  
 13. Birthplace Adams County Pa.  
 14. Maiden name Catherine Weaner  
 15. Birthplace Adams Co. Penna.

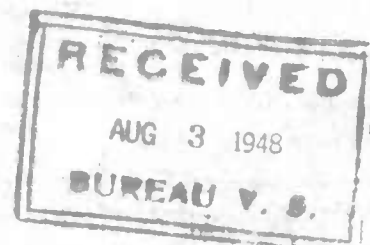
16. Informant Mrs. M. W. Way  
 Address 342 Creston Rd - York - Penna  
 17. Burial Date thereof Aug 4 1948  
 (Burial, cremation, or removal, which?) (Month) (day) (year)  
 Cemetery or crematorium Evergreen Cemetery  
 Location Gettysburg Pa  
 18. Funeral director Walter Bender  
 Address Gettysburg Pa.  
 19. 1-Aug 19 48 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 19 48 at 12:30 P. M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 19 48 to July 31 19 48  
 and that I last saw him alive on July 30 19 48  
 Immediate cause of death Cerebral accident  
 Due to Hypertensive Cardio Vascular  
renal disease  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)  
 Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_  
 23. SIGNATURE R. E. Costaday M. D. or other \_\_\_\_\_  
 Address Walkersville Md Date signed July 31 48

1948-7-31  
92-4-12  
1886-3-19



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 days

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 8 days

## 3. (a) FULL NAME

Mr. Andrew Clay Bagent

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age..... years

? 1848

8. AGE:

Years

Months

Days

If less than one day

70 ?

hrs.

min.

9. Birthplace

(Town, county, and state)

Virginia

10. Usual occupation

11. Industry or business

Baltimore + Ohio Rail-road

MOTHER

FATHER

12. Name

?

13. Birthplace

14. Maiden name

?

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, where?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

1948

Elizabeth L. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty Frederick

City or town

Brunswick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

124 West Potomac

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

July 7

1948

at 2:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 30

1948

to July 7

1948

and that I last saw him alive on

July 7

1948

Immediate cause of death

Cerebral hemorrhage  
Arteriosclerosis

DURATION

Due to

Bronchial pneumonia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. A. Pearre M.D.

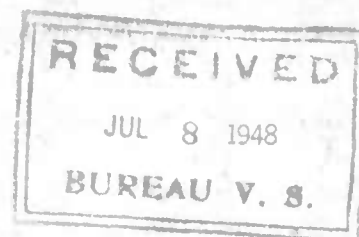
M. D. or other

Address

Frederick, Maryland

Date signed

7/7/48



1878  
70  
1948

Mr Felt reported to me, he was not able  
to secure any information re death  
certificate, as Mr Bagent had no relatives,  
as far as could be learned.

Very truly yours,

Mrs Elizabeth Heels.

Reg 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07231

Reg. Dist. No. 144

## 1. PLACE OF DEATH:

County FrederickCity or town Thurmont  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Foster A. Boyer

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

May 7, 1871

8. AGE:

Years

Months

Days

If less than one day

77225

hrs.

min.

9. Birthplace

Middletown Frederick Co. Md.  
(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

MOTHER  
FATHER

12. Name

John Boyer

13. Birthplace

Unknown

14. Maiden name

Catherine Tracy

15. Birthplace

Middletown, Md.

16. Informant

Roy Boyer

Address

Thurmont, Md.

17.

(Burial, cremation, removal, which?)

Date thereof

8-3-48  
(month) (day) (year)

Cemetery or crematory

Reform Cemetery

Location

Middletown, Md.

18. Funeral director

Gladhill Co.

Address

Middletown, Md.

19.

August 2, 1948  
(Date read by registrar)Blanche S. Epler

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Thurmont  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 31, 1948 at 10:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1, 1948 to July 31, 1948and that I last saw him alive on July 31, 1948

Immediate cause of death

Pulmonary edema

DURATION

4 hrs.

Due to

Chronic myocarditis

Due to

Arteriosclerosis

Other conditions

Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

none

Autopsy results

not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

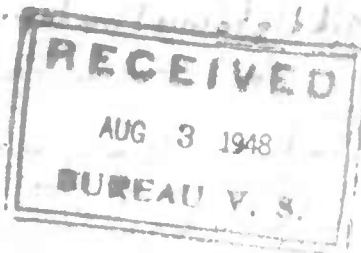
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. Franklin Buel

M. D. or other

Address Thurmont Md. Date signed 8/1/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Point of Rocks  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 35 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Point of Rocks  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

Vitus Ridgeway Brown4. Sex female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow6. (b) Name of husband or Rufus C. Brown7. Birth date of deceased (mo., day, yr.) May 4, 18808. AGE: Years 68 Months 2 Days 3 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Loudon Co., Va.  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name William Ridgeway13. Birthplace Loudon Co., Va.14. Maiden name Jemima F. Sealock15. Birthplace Loudon Co., Va.16. Informant Mrs. Kathryn PhillipsAddress Point of Rocks, Md.17. Burial Date thereof 7/10/48  
(Burial, cremation, or removal. ~~When~~) (month) (day) (year)Cemetery or crematory St. Pauls CemeteryLocation Point of Rocks, Md18. Funeral director M.R.E. chison and SonAddress Frederick, Md.19. 9 July 19 48 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 19 48 at 1:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6 19 48 to July 7 19 48and that I last saw him alive on July 7 19 48Immediate cause of death  gastric hemorrhage & pyloric obstructionDue to Carcinoma StomachDue to MalnutritionOther conditions Malnutrition

(Include pregnancy within 3 months of death)

Major findings of operations 3 mcsAutopsy results 3 mcs

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE A. Laubart BriceAddress Jefferson Md Date signed 7/7/48



RECEIVED

JUL 12 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

### 1. PLACE OF DEATH:

County Frederick  
City or town State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 6/4/48  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 6/4/48

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford  
City or town Street  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2. (a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Anna S. Burkins

### 3. (b) Social Security Number

218-14-4690

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
6. (b) Name of husband or wife Wylie Burkins  
7. Birth date of deceased (mo., day, yr.) November 22, 1924 6. (c) If alive, give age 24 years  
8. AGE: Years 23 Months 7 Days 13 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Durbin, W. Va.  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Charles Simmons  
13. Birthplace Virginia  
14. Maiden name Daisy Simmons  
15. Birthplace Durbin, W. Va.

16. Informant Deceased

Address \_\_\_\_\_

17. Burial Date thereof July 7, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Emory Methodist Ch.

Location Harford Co., Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Maryland

19. 7/6 1948  
(Date rec'd by registrar) Registrar J. D. Lynn

### MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1948 at 2:50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 4 1948 to July 5 1948 and that I last saw him/her alive on July 5 1948

Immediate cause of death Pulmonary Tuberculosis DURATION 27 Mos.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE R. W. Baccin M. D. XXXX

Address State Sanatorium, Md. Date signed 7/6/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

07233

136

RECEIVED

JUL 9 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH

County FrederickCity or town Frederick md.  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 13 days

Hospital, institution, or street address where death occurred

Frederick Memorial HospitalHow long in hospital or institution? 7/14/48 - 7-27-48

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County Prince WmCity or town Haysmarket  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION) ✓

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mr William W. Butler

## 3. (b) Social Security Number

✓

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Mrs Mary Butler

7. Birth date of

deceased (mo., day, yr.)

Oct-9-1867

6.(c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

80

hrs.

min.

9. Birthplace

Prince Wm. Co. Va  
(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

FATHER

12. Name

John Henry Butler

13. Birthplace

Prince Wm. Co. Va.

MOTHER

14. Maiden name

Susan Pickett

15. Birthplace

Prince Wm Co. Va

16. Informant

H. W. Butler

Address

Haysmarket, Va

17.

(Burial, cremation, or removal, which)

Date thereof

July 27-1948  
(month) (day) (year)

Cemetery or crematory

Manassas, Va

Location

Geo. W. Baker & Sons

18. Funeral director

Manassas, Va.

Address

19.

(Date received by registrar)

27 July 1948Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 19 48 at 74 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 27 19 48 to July 27 19 48and that I last saw him alive on July 27 19 48

Immediate cause of death

Shock

DURATION

Due to

Amputation Leg

Due to

Amputation Leg

Other conditions

Gangrene Leg

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. July 27-48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury

Injured at work?

23. SIGNATURE

E. P. Shumaker

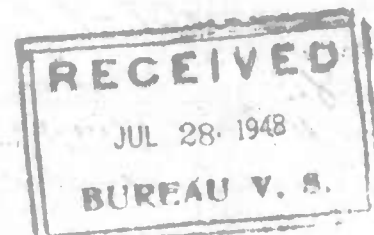
M. D. or other

Address Frederick, Md. Date signed July 27-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County... Frederick Co. Frederick Md.  
 City or town... West Mt. St. Rt. Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:  
Emergency Hospital Frederick Md.

How long in hospital or institution? 3 years

## 3. (a) FULL NAME

Clark, James Albert

## 4. Sex

male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

.....

## 6. (c) If alive, give age..... years

## 7. Birth date of

deceased (mo., day, yr.)

April 27 - 1880

## 8. AGE:

Years

67

Months

3

Days

2

If less than one day

..... hrs. .... min.

## 9. Birthplace

Frederick County Maryland

(Town, county and state)

## 10. Usual occupation

.....

## 11. Industry or business

.....

## 12. Name

.....

## 13. Birthplace

.....

## 14. Maiden name

.....

## 15. Birthplace

.....

## 16. Informant

.....

## Address

.....

## 17. Burial

.....

## (Burial, cremation, or removal. When?)

.....

## Cemetery or crematorium

.....

## Location

.....

## 18. Funeral director

.....

## Address

.....

## 19. Date rec'd by registrar

.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick

City or town... Myersville

(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2. (a) If veteran, name war .....

## 3. (b) Social Security Number

.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH... July 29 19 48, at 8:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1 19 46, to July 29 19 48

and that I last saw him alive on July 29 19 48

Immediate cause of death

Arterio-sclerotic Cardio-

Vascular Disease

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

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UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

RECEIVED

AUG 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

309

07236

131

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County..... Frederick

City or town..... Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:  
Frederick Memorial Hospital

How long in hospital or institution? 20 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... Brunswick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 313 Walnut Street  
(If rural, give LOCATION)

2.(a) If veteran, name war..... ✓

## 3. (a) FULL NAME

Clevenger, Mrs. Mary E

## 3. (b) Social Security Number

✓

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife Clevenger, Mr. Leslie

6. (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Dec 5 1899

8. AGE: Years Months Days If less than one day  
48 6 27 .....hrs. ....min.9. Birthplace..... West Virginia  
(Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business

12. Name..... Stine, Mr. Hiram

13. Birthplace..... Md

14. Maiden name..... Anna Irene Palmer

15. Birthplace..... Md

16. Informant..... Mrs Vernon Webb

Address..... Millville West Virginia

17. Burial, cremation, or removal, when? Date thereof July 5 1948  
(month) (day) (year)

Cemetery or crematory..... Park Heights

Location..... Brunswick Md

18. Funeral director..... C.H. Feete &amp; Bro

Address..... Brunswick Md

19. 3 July 1948 Elizabeth G. Heide  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 3 1948 at 12:40 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 13 1948 to July 3 1948

and that I last saw her alive on July 2 1948

Immediate cause of death..... Gastric Hemorrhage - etiology unknown

DURATION

20 da

Due to.....

Due to.....

Other conditions..... Cerebral Hemorrhage, left 10 da

Lobar Pneumonia, rt. lower lobe 8 da

Syphilis, latent, treated unknown  
(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. none

Autopsy results..... none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE..... Arthur F Woodward M.D.

M. D. or other

Address..... 4 East Church St. Frederick, Md.

Date signed July 3 1948



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JUL 8 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick

City or town Frederick-Rural R. F. D. #3  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Grant Street

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick-Rural R. F. D. #3  
(If outside city or town limits, write RURAL and give nearest town)

Street No. Grant Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

### 3. (a) FULL NAME

MARY SAVILLA DEGRANGE

### 3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>W</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Henry S. B. DeGrange

7. Birth date of deceased (mo., day, yr.) May 24, 1871

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>1</u>	<u>10</u>	.....hrs. ....min.

9. Birthplace Creagerstown-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation At Home

### 11. Industry or business

12. Name George S. Ramsburg  
13. Birthplace Frederick County Maryland

14. Maiden name Eleanor Holland  
15. Birthplace Frederick County Maryland

16. Informant Mrs. Charles P. M. Kolb  
Address Creagerstown, Maryland

17. Burial Utica Cemetery Date thereof 7/7/48  
(Burial, cremation, or removal. When?) (month) (day) (year)

Cemetery or crematory Utica Cemetery  
Location Near Lewistown, Maryland

18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland

19. 6 July 1948 Elizabeth B. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH July 4th 1948 at 9:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25 1948 to July 4 1948  
and that I last saw alive on July 4 1948  
Immediate cause of death Chronic myocarditis

### DURATION

2 years

Due to Coronary thrombosis

Other conditions 13 days  
(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. McSmith Jr.  
M. D. or other

Address Frederick, Md. Date signed 7-6-48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

67238

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick County  
 City or town Frederick, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 3 Hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
Frederick-Rural R.F.D.#3  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Near Lewistown  
 (If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

Mrs Jeanette E. Dennis  
 4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Isaac G. Dennis

7. Birth date of deceased (mo., day, yr.) April 19, 1894  
 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 54 Months 2 Days 25  
 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Thurmont-Frederick-Maryland  
 (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER 12. Name Jack Weddle  
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Mary E. Ridge  
 15. Birthplace Frederick County Maryland

16. Informant John P. Dennis  
 Address N. Bentz St., Frederick, Md.

17. Burial 7/17/48  
 (Burial, cremation, or removal, which?) Date thereof (month) (day) (year)

Cemetery or crematory Methodist Cemetery  
Lewistown, Maryland  
 Location

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 16 July 1948 Elizabeth G. Heck  
 (Date read by registrar) Registrar

## 3. (b) Social Security Number

213-18-8089

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1948 at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14 1948 to July 14 1948  
 and that I last saw him alive on July 14 1948

Immediate cause of death Coronary Thrombosis, acute DURATION 5 hours

Due to Coronary arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

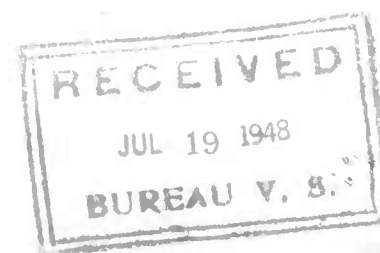
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Arthur F. Woodward M.D.  
 M. D. or other

Address 4 E. Charles St., Frederick, Md. Date signed July 14, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 94a 072381

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 4 months  
 Hospital, institution, or street address where death occurred:  
Frederick Memorial Hospital  
 How long in hospital or institution? 4 months

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Buckeystown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Herbert Lee Derry

## 3. (b) Social Security Number

217-01-5862

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Edith L. Hawn  
 6.(c) If alive, give age 55 years  
 7. Birth date of deceased (mo., day, yr.) February 8, 1886  
 8. AGE: Years 62 Months 5 Days 18 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Engle, West Virginia  
 (Town, county, and state)  
 10. Usual occupation Milk Hauler  
 11. Industry or business Chestnut Farms DAIRY  
 12. Name Arthur L. Derry  
 13. Birthplace Hillsboro, West Virginia  
 14. Maiden name Annie M. Brown  
 15. Birthplace Hillsboro, West Virginia

16. Informant Mrs. Edith L. Derry  
 Address Buckeystown, Md.  
 17. Burial Burial Date thereof 7/29/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Mt. Olivet Cemetery  
Frederick, Md.  
 Location  
 18. Funeral director M. R. Etchison & Son  
 Address Frederick, Md.

19. 28 July 1948 Elizabeth H. Hark  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 26 July 1948 at 1:10 P.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from never to 19 and that I last saw him alive on 26 July 1948

Immediate cause of death Coronary Thrombosis  
 DURATION 1 hour  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Fractured Skull: 3rd degree Burns hands & legs } 3 1/2 mos.  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NOT CAUSE OF DEATH  
 Accident, suicide, or homicide ACCIDENT Date of APRIL 5, 1948  
 Where did injury occur? RR BOYDS MONTGOMERY Md.  
 (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) HIGHWAY  
 Means of injury AUTOMOBILE Injured at work? No

23. SIGNATURE Charles E. Conley Jr. M.D.  
 Asst. Dep. Med. Exam. M.D. or other  
 Address Frederick, Maryland Date signed 7/27/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

164a

07240

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County FredrickCity or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 805 East "B" Street  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Howard William Duble

## 3. (b) Social Security Number

## 4. Sex

mas

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Mary Linkerger7. Birth date of deceased (mo., day, yr.) Aug 1st 19076. (c) If alive, give age 33 years

## 8. AGE:

Years

Months

Days

If less than one day

40111

hrs.

min.

## 9. Birthplace

Maryland  
(Town, county, and state)

## 10. Usual occupation

Ex-PRP Buchanan

## 11. Industry or business

Transpiration

## FATHER

## 12. Name

Howard L. Duble

## MOTHER

## 13. Birthplace

Maryland

## 14. Maiden name

Jessie Calhoun

## 15. Birthplace

Maryland

## 16. Informant

Mrs Mary Duble

## Address

Brunswick Md

## 17.

Burial  
(Burial, cremation, or removal, Which?)

## Date thereof

July 6 1948  
(month) (day) (year)

## Cemetery or crematory

Reformed

## Location

Knoxville Md

## 18. Funeral director

B. N. Felt & Bro

## Address

Brunswick Md

## 19.

July 3  
(Date rec'd by registrar)

19

48Kathryn H. Brown  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 2 July 1948, at 1209 Ward

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

never 1948 to 1948  
and that I last saw him live on 2 July 1948

Immediate cause of death

Hanging asphyxiation

DURATION

3 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 2 July 1948Where did injury occur? Brunswick, Fredrick Md.  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Hanging Injured at work? No

23. SIGNATURE

Charles H. Corley, Jr. Md.  
Asst. Dep. Sec. of HealthAddress Fredrick Md Date signed 7/2/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

JUL 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Nr. Frederick Junction R.F.D. #2  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 20 years  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Nr. Frederick Junction  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. R.F.D. #2  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

GEORGE TITLOW ESTERLY

## 3. (b) Social Security Number

220-09-7507

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced  
 6.(b) Name of husband or wife Myrtle M. Steele  
 6.(c) If alive, give age 57 years  
 7. Birth date of deceased (mo., day, yr.) May 8, 1903  
 8. AGE: Years 45 Months 2 Days 18 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick, Md.  
 (Town, county, and state)  
 10. Usual occupation Retired Club Owner  
 11. Industry or business \_\_\_\_\_

FATHER 12. Name George P. Esterly  
 13. Birthplace Frederick, Md.  
 MOTHER 14. Maiden name Hester M. Titlow  
 15. Birthplace Frederick, Md.

16. Informant Mr. Edward A. Esterly  
 Address Frederick, Md.

17. Burial Date thereof July 28, 1948  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or crematory Mt. Olivet Cemetery  
 Location Frederick, Md.

18. Funeral director M. R. Etchison & Son  
 Address Frederick, Md.

19. 28 July 1948 Elizabeth G. Hack  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 26 July 1948, at 6:20 A.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from never 19\_\_\_\_, to 19\_\_\_\_, and that I last saw him in bed on 19\_\_\_\_.

Immediate cause of death Coronary Thrombosis  
 DURATION 1 1/2 hr.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

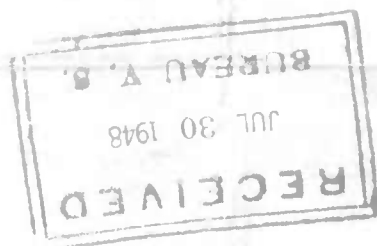
Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Charles H. Corley M.D.  
Asst. Dep. Med. Exam. M.D. or other \_\_\_\_\_

Address Frederick, Md. Date signed 7/27/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick - rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 9 years  
 Hospital, institution, or street address where death occurred:  
Emergency Hospital  
 How long in hospital or institution? 9 years

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick - rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Crescent  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war —

## 3. (a) FULL NAME

Samuel F. Geisbert

## 3. (b) Social Security Number

no

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Barbara Baker  
Deceased 6. (c) If alive, give age — years  
 7. Birth date of deceased (mo., day, yr.) June 5 1870  
 8. AGE: Years 78 Months 1 Days 9 If less than one day  
78 hrs. — min.

9. Birthplace Crescentown Fredk Co Md  
(Town, county, and state)10. Usual occupation Retired11. Industry or business —

12. Name Upton Geisbert  
 13. Birthplace Crescentown, Md  
 14. Maiden name Mary Susan Hoffman  
 15. Birthplace Greenock, Pa

16. Informant Mrs Annie Smith  
 Address Thurmont, Md

17. Burial Date thereof July 16 1948  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or crematorium Crescentown, Cern  
 Location Crescentown, Md

18. Funeral director M. P. Greager & Son  
 Address Thurmont, Md

19. 15 July 1948 Elizabeth G. Hale  
 (Date Rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1948 at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Jan 1 1946 to July 1948  
 and that I last saw him alive on July 13 1948

Immediate cause of death Carcinoma stomach  
 DURATION 1 year

Due to —Due to —Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Thomas J. M.D.

Frederick Md M.D. or other  
 Address — Date signed 7/14/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

07242

46b

**RECEIVED**

JUL 19 1948

**BUREAU V. S.**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

67243

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick-Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? January, 1944

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick-Rural  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Montevue

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

MARSHALL SCHAEFFER GRUMBINE

## 3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>W</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Cora May McAlister

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) October 6, 1863

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>8</u>	<u>28</u>	_____hrs. _____min.

9. Birthplace Braddock-Frederick-Maryland  
(Town, county, and state)10. Usual occupation Retired

## 11. Industry or business

12. Name Daniel M. Grumbine  
 13. Birthplace Hanover, Pennsylvania

MOTHER FATHER  
 14. Maiden name Mary Ann Schaeffer  
 15. Birthplace Frederick County Maryland

16. Informant Mr. E. Allen Grumbine  
 Address Frederick, Maryland

17. Burial Date thereof 7/6/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery  
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 6 July 1944 Eligible to Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 4th 19 48 at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1, 1946 to July 4, 1948  
 and that I last saw him alive on July 4, 1948

Immediate cause of death

Cerebral hemorrhage

DURATION

3 weeks

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Bernard Hummel M. D.

Frederick, Maryland M. D. or other 7-6-48  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

RECEIVED

JUL 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick CountyCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 days

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Va County TazewellCity or town Tazewell  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mr Joseph G. Hagy

## 3. (b) Social Security Number

None4. Sex male5. Color or race white6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife (dear) SarahT. Hagy7. Birth date of deceased (mo., day, yr.) Jan 31 - 1875

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 73 Months 5 Days 15 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Tazewell - Virginia  
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Henderson Hagy13. Birthplace Va14. Maiden name Martha Barnard15. Birthplace Va16. Informant John W ThompsonAddress Poolesville, Md17. Burial Burial Date thereof 7/18/48  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory New CemeteryLocation Tazewell - Va18. Funeral director William B. HiltonAddress Barnesville, Md19. 16 July 19 48 Elizabeth H. Heck  
(Date) (Signed by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 19 48 at 9:20 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9 19 48 to July 15 19 48and that I last saw him alive on July 15 19 48Immediate cause of death Congestive heart failure

## DURATION

unk.Due to Hypertensive cardiacvascular disease.

Due to \_\_\_\_\_

Other conditions Chronic nephritisterminal uremia.

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE R H Adams, M.D.Address Poolesville, Md Date signed 7/16/48



Mrs Elizabeth Beck-  
3 W Church St-

RECEIVED

JUL 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

50

07245

## CERTIFICATE OF DEATH

Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred:  
718 North Market Street

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 718 North Market Street

(If rural, give LOCATION)

None

2. (a) if veteran, name war .....

## 3. (a) FULL NAME

GERTRUDE BEST MILLER HEFFNER

## 3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>W</u>
--------------------	------------------------------	--

6. (b) Name of husband Frank L. Heffner7. Birth date of deceased (mo., day, yr.) October 20, 1891  
6. (c) If alive, give age ..... years

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>8</u>	<u>20</u>	..... hrs. .... min.

9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)10. Usual occupation At Home

## 11. Industry or business

12. Name Edgar L. Miller13. Birthplace Frederick County Maryland14. Maiden name Mary E. Kanunn15. Birthplace Frederick County Maryland16. Informant Miss Catherine G. HeffnerAddress 497 E. Church St., Frederick, Md.17. Burial Date thereof 7/17/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryFrederick, MarylandLocation M. R. Etchison and Son18. Funeral director Frederick, Maryland

Address .....

19. 16 July 1948 Elizabeth G. Hersh  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 15, 1948 at 1 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 17 1948 to July 15 1948  
and that I last saw him alive on July 14 1948

Immediate cause of death

Carcinoma of rt. breast -  
type unknown with  
generalized metastases

DURATION

3 yrs.

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. .... Date of .....

Where did injury occur? (City or town) (County) (State)

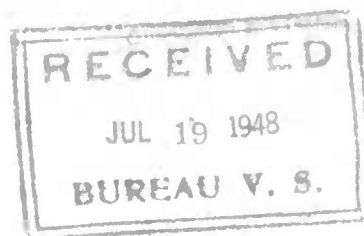
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arthur F. Woodard M. D.

M. D. or other

Address Frederick, Maryland Date signed 7-16-48



RECEIVED

JUL 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07246  
Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 25 yrs.  
Hospital, institution, or street address where death occurred:  
Frederick Memorial Hospital  
How long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 121 East Patrick St.  
(If rural, give LOCATION)  
2.(a) If veteran, name war None

## 3. (a) FULL NAME

MISS MARY HANNAH HEMP

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) November 25, 1878 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 69 Months 8 Days 4 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Burkittsville, Md.  
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Peter S. Hemp13. Birthplace Jefferson, Maryland14. Maiden name Mary C. Arnold15. Birthplace Burkittsville, Maryland16. Informant Miss Elizabeth A. HempAddress 121 E. Patrick St., Frederick, Md.

17. Burial Date thereof 8/2/1948  
(Burial, cremation, or removal. Which) (month) (day) (year)

Cemetery or crematory Mt. Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison & SonAddress Frederick, Maryland

19. 2 Aug 19 48 Elizabeth G. Hoch  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 19 48 at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19 48 to July 29 19 48

and that I last saw her alive on July 29 19 48Immediate cause of death Carcinoma, lower bowel DURATIONwith metastases throughDue to free pelvis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, pub'c place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Brown W. Ash M. D. or otherAddress Frederick, Md. Date signed 7/30/48

RECEIVED

AUG 3 1948

BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The doctor's age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07247

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Rural Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 wks  
 Hospital, institution, or street address where death occurred:  
Emergency Hospital  
 How long in hospital or institution? 2 wks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County Frederick  
 City or town Rural Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3.(a) FULL NAME

George Wm. Hildebrand

## 3.(b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced widowed6.(b) Name of husband or wife Hattie RogersHildebrand 6.(c) If alive, give age \_\_\_\_\_ years7. Birth date of deceased (mo., day, yr.) Aug. 5, 18708. AGE: Years 77 Months 11 Days 21 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Frederick, Frederick Co., Md.  
(Town, county, and state)10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

12. Name Frederick Hildebrand13. Birthplace Frederick, Md.14. Maiden name Deliah Grebbs15. Birthplace Frederick, Md.16. Informant Donald HildebrandAddress Rural-Frederick, Md.17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 7-28-48

(month) (day) (year)

Cemetery or crematory Cemetery (Doubt)Location Rural-Frederick, Md.18. Funeral director Blackhill Co.Address Middletown, Md.19. 28 July 1948 Elizabeth G. Heck

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1948 at 3:45 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1947, to July 26 1948  
and that I last saw him alive on July 20 1948Immediate cause of death Cerebral hemorrhage

## DURATION

6 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Bernard Thomas, M.D.Frederick, Md. M.D. or other \_\_\_\_\_Address \_\_\_\_\_ Date signed 7/27/48

CERTIFICATE OF DEATH

RECEIVED  
JUL 31 1948  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 137

## 1. PLACE OF DEATH:

County... Frederick  
City or town... Rural W. New London  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick  
City or town... Rural W. New London  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)

2(a) If veteran, name war .....

## 3. (a) FULL NAME

WILLIAM WATERS HILL

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife .....

6. (c) If alive, give age .....

7. Birth date of deceased (mo., day, yr.)

April 27, 1902

8. AGE:

Years

Months

Days

If less than one day

4631

hrs.

min.

9. Birthplace

Baltimore City Md.  
(Town, county, and state)

10. Usual occupation

Post office work

11. Industry or business

MOTHER, FATHER

12. Name

Joseph K. Hill

13. Birthplace

Md.

14. Maiden name

Ellen Kimmel

15. Birthplace

Frederick Co Md.

16. Informant

Miss Mary Kimmel aunt

Address

Mt. Airy Md.

17.

(Burial, cremation, or removal - Widem)

Date thereof

July 30 1948  
(month) (day) (year)

Cemetery or crematory

Central Cemetery

Location

W. New London

18. Funeral director

W. E. Falconer

Address

New Market Md.

19.

(Date rec'd by registrar)

7-2941  
Decker

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 28 JULY 1948, at 4:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

NEVER 1948, to 1948and that I last saw him dead on 7/28/48 1948

Immediate cause of death

Cerebral hemorrhage

DURATION

(?)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury

Injured at work?

23. SIGNATURE

Charles H. Conley, M.D.  
and Dr. M. E. Cray  
M.D. or otherAddress... Frederick, Maryland Date signed 7/28/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

NOV 9 1948

BUREAU T. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 117248

## 1. PLACE OF DEATH:

County FrederickCity or town Brownstown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 65 yrs

Hospital, institution, or street address where death occurred:

115-9th AveHow long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Brownstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. 115-9th Ave

(If rural, give LOCATION)

2.(a) If veteran, name war -

## 3. (a) FULL NAME

Thomas Rachel Horsemak

## 3. (b) Social Security Number

-

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Ella E. Potter

7. Birth date of deceased (mo., day, yr.)

Oct. 27 18776. (c) If alive, give age 63 years

8. AGE:

Years

Months

Days

If less than one day

7089

hrs. min.

9. Birthplace

West Virginia  
(Town, county, and state)

10. Usual occupation

B + B RR Bridge maker

11. Industry or business

Machinist Lathes Shop.

MOTHER

12. Name

F. W. Horsemak

13. Birthplace

W. Va.

14. Maiden name

Matchless Rockwell

15. Birthplace

W. Va.

16. Informant

Mrs Ella E. Horsemak

Address

Brownstown Md

17.

(Burial, cremation, or removal, Which?)

Date thereof

July 8 1948  
(month) (day) (year)

Cemetary or crematory

Brother

Location

Brownstown Md

18. Funeral director

C. H. Futz + Bros

Address

Brownstown Md.

19.

(Date rec'd by registrar)

19

July 7 48 Kathryn H. Brown  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

July 619 48 at 8 1/2 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 1 1948 to July 6 1948and that I last saw him alive on July 5 1948

Immediate cause of death

Myocardial infarction

DURATION

2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Thomas Rachel Horsemak  
Date signed 7/7/48

RECEIVED

JUL 12 1948

BUREAU V. B.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 07249 [3]

### 1. PLACE OF DEATH:

County FREDERICK  
City or town RURAL NEW LONDON  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Frederick Md.  
Hospital, institution, or street address where death occurred:  
Frederick Memorial Hospital  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Md County Frederick  
City or town Rural New London  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. (If rural, give LOCATION)  
2.(a) If veteran, name war.

### 3. (a) FULL NAME

LINDA MARIE Jackson

### 3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widow or divorced Single  
6.(b) Name of husband or wife  
7. Birth date of deceased (mo., day, yr.) July 25 - 1948 6.(c) If alive, give age years  
8. AGE: Years Months Days It less than one day  
2 hrs. min.

9. Birthplace New Market Md  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Charles W. Jackson  
13. Birthplace Myersville Md

14. Maiden name Ellen Palmer  
15. Birthplace Myersville Md

16. Informant Mrs Charles W Jackson  
Address Mt Airy Md RFD-1

17. Burial Date thereof July 28-1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Pleasant Hill  
Location near Monrovia Md

18. Funeral director W E Falconer  
Address New Market Md

19. 7/27 19 48 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 19 48 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 25 19 48 and that I last saw him ER alive on July 26 19 48

Immediate cause of death B. internal affection DURATION 3 days

Due to Prematurity 3 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Means of injury Injured at work?

23. SIGNATURE James P. Kerr M.D. M. D. or other

Address Danvers, Md. Data signed 7/27/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

93d

07250

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 days, 16 hours  
 Hospital, institution, or street address where death occurred:  
Frederick Memorial Hospital  
 How long in hospital or institution? 6 days, 16 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 616 East E.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Mrs Clara Louise Jackson

## 3. (b) Social Security Number

4. Sex Female 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Lemuel L. Jackson  
 6.(c) If alive, give age 77 years  
 7. Birth date of deceased (mo., day, yr.) ? 1880  
 8. AGE: Years 68 ? Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Maryland  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business \_\_\_\_\_

12. Name Mrs John Panlewis  
 13. Birthplace Maryland  
 14. Maiden name Clara Peters  
 15. Birthplace Maryland

16. Informant Lemuel L. Jackson  
 Address Brunswick Md  
 17. Burial Date thereof July 8 1948  
 (Burial, cremation, or removal of body) (month) (day) (year)  
 Cemetery or crematory St Marys  
 Location Petersville Md.

18. Funeral director C. N. Zeile + Bro  
 Address Brunswick Md

19. 7 July 1948 Elizabeth B. Heck  
 (Date read by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1948 at 2:30 A. M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 29 1948 to July 5 1948  
 and that I last saw her alive on July 4 1948

Immediate cause of death Arteriosclerotic heart disease and generalized arteriosclerosis

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_  
 Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE A. A. Sears, M.D.  
 M. D. or other \_\_\_\_\_  
 Address Frederick, Md Date signed \_\_\_\_\_

1880  
89  
1948

RECEIVED

JUL 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07251

121

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick Maryland  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery  
 City or town Rural Woodfield Md  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Earl L. Johnson

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male white Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) May 15 - 1928

8. AGE: Years Months Days If less than one day  
20 2 2 \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Maryland  
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Earl L. Johnson13. Birthplace Maryland14. Maiden name Catherine Dorell15. Birthplace Maryland16. Informant Catherine JohnsonAddress Woodfield Md17. Burial, cremation, or removal, when? Date thereof July 18, 1948  
(month) (day) (year)Cemetery or place of interment Danvers MdLocation Montgomery Co Md18. Funeral director Rev W BarberAddress Leptonville Md19. 17 July 19 48 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 19 48 at 44 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 11 19 48 to July 17 19 48  
 and that I last saw him alive on July 17 19 48

Immediate cause of death

DURATION

Septicemia

Due to

Gangrenous appendicitis

Due to

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations Gangrenous appendicitisDate of op. July 11-18

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE EP Johnson M. D. or otherAddress Redoubt Md Date signed July 17 48



RECEIVED

JUL 22 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07252

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 5 Hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 65 South Market Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

LEROY JONES

## 3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) <u>Single</u> married, widowed, or divorced
6. (b) Name of husband or wife <u>Anna F. Shores</u>		
7. Birth date of deceased (mo., day, yr.) <u>February 6, 1906</u>		
8. AGE: Years <u>42</u> Months <u>5</u> Days <u>0</u> If less than one day _____ hrs. _____ min.		
8. (c) If alive, give age <u>20</u> years		

9. Birthplace Buckeystown-Frederick-Maryland  
 (Town, county, and state)  
 10. Usual occupation Lunch Room Operator  
 11. Industry or business Own Business

FATHER  
 12. Name Edward B. Jones  
 13. Birthplace Frederick County Maryland  
 MOTHER  
 14. Maiden name Bessie G. Boone  
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Anna Jones  
 Address 65 S. Market St., Frederick, Md.

17. Burial Mount Olivet Cemetery Date thereof 7/8/48  
 (Burial, cremation, or removal, whichever) (month) (day) (year)  
 Cemetery or crematory Frederick, Maryland  
 Location

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 8 July 19 48 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 6th 19 48 at 5:05A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6 July 19 48 to 6 July 19 48and that I last saw him alive on 6 July 19 48Immediate cause of death Diabetic Acidosis

DURATION

daysDue to Diabetes melitus years

Due to

Other conditions Uremia Uremia

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James B. Thomas M. D.  
Frederick, Maryland M. D. or other  
 Address Date signed 7-7-48

RECEIVED

JUL 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

93d

07253

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 Years

Hospital, institution, or street address where death occurred:

Near Libertytown

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Near Libertytown  
 (If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

THOMAS E. KEEFER

## 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced W

6.(b) Name of husband or wife Susan A. Norwood

7. Birth date of deceased (mo., day, yr.) September 12, 1876  
 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 71 Months 7 Days 25 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Maryland  
 (Town, county, and state)

10. Usual occupation Laborer

## 11. Industry or business

12. Name Bright Keefer13. Birthplace Maryland14. Maiden name Alice V. Trail15. Birthplace Maryland

16. Informant Mrs. Emma J. Crone  
 Address 114 S. Market St., Frederick, Md.

17. Burial Date thereof 7/9/48  
 (Burial, cremation or removal Where?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 9 July 1948 Elizabeth H. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1948 at 5:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1948, to July 7 1948  
 and that I last saw him alive on July 6 1948

Immediate cause of death

DURATION

Chronic Myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury

Injured at work?

23. SIGNATURE

J. W. Legg M. D.  
 Address Union Bridge, Maryland Date signed 7-9-48

RECEIVED

JUL 14 1948

BUREAU V. S.

*Birth & Death* 2002 072540

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF STILLBIRTH**

Reg. Dist. No. 140

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

**1. PLACE OF BIRTH:**

County Fd K.  
City or town Keyman R 7 D  
(If outside city or town limits, write RURAL and give nearest town)  
Street address, hospital, or institution:  
Length of mother's stay in County Life  
(How many years, or months, or days. SPECIFY WHICH)

**2. USUAL RESIDENCE OF MOTHER:**

State md  
County Fd K.  
City or town Keyman R 7 D  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If RURAL give LOCATION)

**3. Name of child**

5. Sex 7 6. Twin or triplet no

4. Date of birth July 15 1948 Hour 6:15 A.M.

7. No. of weeks pregnancy \_\_\_\_\_

**FATHER OF CHILD**

8. Full name Walter Eli Keneey  
9. Color W 10. Age at time of this birth 26 yrs.  
11. Usual occupation farmer

**MOTHER OF CHILD**

12. Full maiden name Pauline E. Henderson  
13. Color W 14. Age at time of this birth 21 yrs.  
15. Usual occupation Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 2  
(b) How many other children were born alive but are now dead? 0 (c) How many other children were born dead? 0

17. Did child die before labor? no During labor? yes

18. Pregnancy, complications of none

19. Labor: (a) Complications of none  
(b) Induced? no

20. (a) Was there an operation for delivery? no  
(b) State all operations, if any \_\_\_\_\_  
(Yes or No)

(c) Did child die before operation? \_\_\_\_\_  
During operation? \_\_\_\_\_

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes \_\_\_\_\_

(b) Maternal causes Frequent frequent

22. I certify to the birth of this child who was born dead\* on the date and hour above stated.

Signature Samuel E. Sootaday  
(Specify if M.D., midwife, or other)

Address Walkersville, Md.

23. (a) Burial (b) Date thereof July 15 1948  
(Burial, cremation or removal) (month) (day) (year)

(c) Cemetery or crematory Rocky Hill

24. (a) Funeral director J. E. Barton

(b) Address Walkersville, Md.

25. (a) July 15 1948 (b) S. E. Sootaday  
(Date rec'd by registrar) (Registrar)

26. (To be filled out if no physician was present at delivery.)  
The above certificate has been examined by me.

Health Officer, per \_\_\_\_\_

\* See Instruction C on stub.

Child lived 10 minutes

V. S. A10



Kindly state the  
cause of death of  
this child?

Also no. of wks of  
pregnancy?



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 07255 145

## 1. PLACE OF DEATH:

County..... Frederick  
 City or town..... Rural - Myersville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 10 yrs  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Maryland County..... Frederick  
 City or town..... Rural - Myersville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... Wolfsville  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Susie O. Kline

## 3. (b) Social Security Number

4. Sex..... Female 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Married  
 6.(b) Name of husband or wife..... Charles M. Kline  
 7. Birth date of deceased (mo., day, yr.)..... Nov. 15 - 1877  
 6.(c) If alive, give age..... years  
 8. AGE: Years..... 70 Months..... 7 Days..... 28 If less than one day..... hrs. .... min.

9. Birthplace..... Wolfsville - Fredco. Md.  
 (Town, county, and state)

10. Usual occupation..... Domestic

11. Industry or business..... Own Home

12. Name..... Scott Martin  
 13. Birthplace..... Md.

14. Maiden name..... May Hoover  
 15. Birthplace..... Md.

16. Informant..... Charles M. Kline  
 Address..... Myersville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof..... July 16, 1948  
 (month) (day) (year)

Cemetery or crematory..... United Brethren  
 Location..... Wolfsville

18. Funeral director..... Edw. J. Bitts  
 Address..... Myersville, Md.

19. (Date rec'd by registrar)..... 19  
 Registrar..... Edgar Bitts

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 13, 1948, at..... 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... July 12, 1948, to..... July 13, 1948  
 and that I last saw him..... alive on..... July 13, 1948

Immediate cause of death..... Cerebral hemorrhage DURATION..... 24 hrs

Due to..... arterio-sclerosis 10 yrs

Due to.....

Other conditions..... Arterio-sclerosis 14 yrs

(Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... E. G. Hoover M. D. or other  
 Address..... Smythesburg Date signed..... 7/14/48

RECEIVED

JUL 17 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 07256  
134

### 1. PLACE OF DEATH:

County Frederick  
City or town Emmitsburg  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 5 years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
City or town Emmitsburg  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Ralph David Knox

### 3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) December 23, 1942

8. AGE: Years Months Days If less than one day  
5 7 8 hrs. min.

9. Birthplace Emmitsburg, Maryland  
(Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name Ralph Knox

13. Birthplace Taneytown, Maryland

14. Maiden name Virginia Kelly

15. Birthplace Thurmont, Maryland

16. Informant Ralph V. Knox

Address Emmitsburg, Maryland

17. Burial Date thereof August 3, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Taneytown, Maryland

Location Taneytown, Maryland

18. Funeral director J. L. Allison

Address Emmitsburg, Maryland

19. Date received by registrar Aug 1st 48 M. F. Shuff

### MEDICAL CERTIFICATION

20. DATE OF DEATH July 31, 1948 at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 48 to July 31, 48 and that I last saw him alive on July 31, 48

Immediate cause of death Acute lymphatic leukemia DURATION 3 months

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

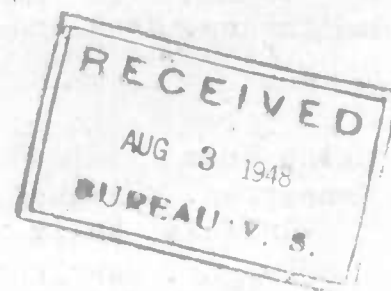
23. SIGNATURE W. R. Rodde mo M. D. or other

Address Emmitsburg, Md Date signed 7-31-48

MARGIN RESERVED FOR BINDING

VS 415 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

07257

552X

## 1. PLACE OF DEATH:

County Frederick  
 City or town Flint Hill R. F. D. #2  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 25 yrs.  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Flint Hill R. F. D. #2  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

GILBERT TILMAN LEE

## 3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) July 12, 1900

8. AGE: Years 48 Months 0 Days 19 if less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick Co., Md.  
 (Town, county, and State)

10. Usual occupation Laborer

11. Industry or business Farming

12. Name John R. Lee

13. Birthplace Frederick Co., Md.

14. Maiden name Bessie Hill

15. Birthplace Frederick Co., Md.

16. Informant Mr. John O. Lee

Address Flint Hill, R.F.D.#2

17. Burial Date thereof 8-3-48  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Hope Hill Cemetery

Location Hope Hill R.F.D.#2

18. Funeral director M. R. Etchison & Son

Address Frederick, Md.

19. 2 Aug 1948 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 31-July 1948 at 4:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1946 to July 31 1948

and that I last saw him alive on July 24 1948

Immediate cause of death \_\_\_\_\_ DURATION 2 year

Carcinomatous;

Due to Primary site unknown.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Major findings of operations at John Hopkins: Large tumor was found on the surface of the left ovary, but not involving the kidney itself. (Date unk.)

Anteopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Howard W. Ackman M. D. or other \_\_\_\_\_

Address Frederick Md Date signed 7-31-48

**RECEIVED**

AUG 3 1948

WINEAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

93d

07258

134

Reg. Dist. No.

### 1. PLACE OF DEATH:

County Fredrick

City or town Emmitsburg Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Fredrick

City or town Emmitsburg Rural  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2 miles south  
(If rural, give LOCATION)

2.(a) If veteran, name war

### 3. (a) FULL NAME

Rose Elizabeth Lingg

### 3. (b) Social Security Number

no

#### 4. Sex

F

#### 5. Color or race

W

#### 6. (a) Single, married, widowed, or divorced

widowed

#### 6. (b) Name of husband or wife

Ignatious Lingg

#### 7. Birth date of deceased (mo., day, yr.)

March 27-1868

#### 6. (c) If alive, give age

years

#### 8. AGE:

Years

Months

Days

If less than one day

80

3

4

hrs.

min.

#### 9. Birthplace

Emmitsburg Fredrick Co. Md.  
(Town, county, and state)

#### 10. Usual occupation

Housewife

#### 11. Industry or business

same

#### FATHER

##### 12. Name

Wm. Henley

##### 13. Birthplace

Ireland

#### MOTHER

##### 14. Maiden name

Mary Frances Cralley

##### 15. Birthplace

Emmitsburg Md.

#### 16. Informant

Mr. Howard Gully

##### Address

Emmitsburg Md.

#### 17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

##### Cemetery or crematory

St Anthony's

##### Location

St Anthony's Md.

#### 18. Funeral director

Mr. Creager

##### Address

Emmitsburg Md.

#### 19.

(Date rec'd by registrar)

19

July 3 48 M.F. Shuff Registrar

### MEDICAL CERTIFICATION

#### 20. DATE OF DEATH

July 1

1948 at 7:50p M

#### 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1940 to July 1 48

and that I last saw him alive on June 26 48

#### Immediate cause of death

Coronary occlusion

#### DURATION

1 hour

#### Due to

arteriosclerotic  
cardio vascular disease

several  
years

#### Other conditions

(Include pregnancy within 3 months of death)

#### Major findings of operations

Date of op.

#### Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

#### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

#### Where did injury occur?

(City or town)

(County)

(State)

#### Injured at home, farm, industry, public place (where?)

#### Means of injury

#### Injured at work?

#### 23. SIGNATURE

W.R. Cagle M.D.

M. D. or other

Address Emmitsburg

Date signed 7-2-48

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 12 1948.

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

870

07259

Reg. Dist. No. 144

1. PLACE OF DEATH: *Frederick*  
 County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....*20 yrs.*  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State.....*Maryland* County.....*Frederick*  
 City or town.....*Thurmont*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME *Ivora May Loy*

3. (b) Social Security Number

4. Sex *Female* 5. Color or race *white* 6.(a) Single, married, widowed, or divorced *single*

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) *18<sup>th</sup> May 1873* 6.(c) If alive, give age..... years

8. AGE: Years *75-* Months *2* Days *90* If less than one day..... hrs. .... min.

9. Birthplace.....*Loys Maryland*  
 (Town, county, and state)

10. Usual occupation.....*School teacher*

11. Industry or business.....

12. Name.....*Calvin H. Loy*

13. Birthplace.....*Maryland*

14. Maiden name.....*Sarah E. Haukey*

15. Birthplace.....*Maryland*

19. Informant.....*Mary Cereger*

Address.....*Thurmont*

17. *Burial* Date thereof.....*July 29, 48*  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....*Apple Church*

Location.....*Thurmont*

18. Funeral director.....*H. J. Hillside*

Address.....*Thurmont*

19. *July 28* 19 *48* *Blanche S. Eyles*  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....*July 27, 1948* 19..... at *8:59* A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *July 15* 19 *48* to *July 27* 19 *48*  
 and that I last saw..... alive on *July 26* 19 *48*

Immediate cause of death.....*Terminal Exhaustion*

Due to.....*Parkinson's Disease*

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings at operations..... Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of Injury..... Injured at work? .....

23. SIGNATURE.....*James T. Gray* M. D. or other  
 Address.....*Thurmont Md* Date signed *7/28/48*

DURATION  
*3 wks*  
*3 years*

RECEIVED

JUL 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

07260

1. PLACE OF DEATH: Frederick  
 County.....  
 City or town. State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 3/24/48  
 Hospital, institution, or street address where death occurred:  
 Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 3/24/48

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County.....  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1326 West 40th  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME  
 Lida McClelland

3. (b) Social Security Number  
 None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced  
 6.(b) Name of husband or wife.....  
 7. Birth date of deceased (mo., day, yr.) August 28, 1877  
 8. AGE: Years Months Days If less than one day  
 70 10 10 hrs. min.

9. Birthplace Baltimore, Maryland  
 (Town, county, and state)  
 10. Usual occupation Practical Nurse  
 11. Industry or business

FATHER 12. Name Elijah Smith  
 13. Birthplace Baltimore County  
 MOTHER 14. Maiden name Susan Hunt  
 15. Birthplace Baltimore County  
 16. Informant Deceased

Address  
 17. Burial Date thereof July 12, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Woodlawn Cem.  
 Location Baltimore, Md.  
 18. Funeral director M. L. Creager & Son  
 Address Thurmont, Maryland  
 19. July 9, 1948  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1948 at 12:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 March 24, 1948, to July 8, 1948  
 and that I last saw her alive on July 8, 1948

Immediate cause of death  
 Pulmonary Tuberculosis DURATION 20 Mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. W. Saccin  
 M. D. or other

Address State Sanatorium, Md. Date signed 7/9/48

RECEIVED  
JUL 12 1948  
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

07261

97

### 1. PLACE OF DEATH:

County Baltimore  
City or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 53 years  
Hospital, institution, or street address where death occurred:  
236 East B St  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
City or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 236 East B  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Inez E Elizabeth Mossberg Mc Donald

### 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
6. (b) Name of husband or wife John William McDonald  
7. Birth date of deceased (mo., day, yr.) Apr. 18 1865 6. (c) If alive, give age — years  
8. AGE: Years 83 Months 3 Days 1 If less than one day  
hrs. min.

### MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1948 at 3:45 P.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 1948 to July 19 1948  
and that I last saw him alive on July 18 1948

Immediate cause of death Coronary thrombosis  
DURATION 10 years

Due to  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE [Signature] M. D. or other [Signature]  
Date signed 7/29/48

9. Birthplace Maryland  
(Town, county, and state)  
10. Usual occupation Housewife  
11. Industry or business None  
12. Name Thurs Mossberg  
13. Birthplace Maryland  
14. Maiden name Rosea Keller  
15. Birthplace Maryland  
16. Informant Mrs Mary E. Barnhart  
Address Baltimore Md  
17. Burial Date thereof July 22 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Paul Henry  
Location Baltimore Md  
18. Funeral director C. E. Fisher  
Address Baltimore Md  
19. July 20 1948 Kathryn H. Brown  
(Date rec'd by registrar) Registrar

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**RECEIVED**

JUL 24 1948

**BUREAU V. S.**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of  
birth date shown on:

FHM No. G 116 JUL 16 1948

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

07262

93d

### 1. PLACE OF DEATH:

County Frederick

City or town Walkersville-Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 Years

Hospital, institution, or street address where death occurred:  
Daysville

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Walkersville-Rural  
(If outside city or town limits, write RURAL and give nearest town)

Street No. Daysville  
(If rural, give LOCATION)

2.(a) If veteran, name war

None

### 3. (a) FULL NAME

Mrs. Mary E. Michael

### 3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife Frank E. Michael

7. Birth date of deceased (mo., day, yr.) January 13, 1865 1866 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 82 Months 6 Days 18 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick County Maryland  
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Henry Storr  
13. Birthplace Frederick County Maryland

14. Maiden name Elizabeth Glaze  
15. Birthplace Frederick County Maryland

16. Informant Mrs. John E. Crum  
Address Woodsboro, Maryland

17. Burial Date thereof 7/14/48  
(Burial, cremation or non-report, which?) (month) (day) (year)

Cemetery or crematory Mount Hope Cemetery  
Location Woodsboro, Maryland

18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland

19. 13 July 19 48 Elizabeth G Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 11 July 19 48 at 8:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 August 19 46 to 11 July 19 48  
and that I last saw her alive on 10 July 19 48

Immediate cause of death

Coronary cardiac failure

DURATION

3 years

Due to arteriosclerotic cardiovascular disease

10 years

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury

Injured at work?

23. SIGNATURE

James C. Stoner Jr. M.D.  
Walkersville Md

M. D. or other

Address \_\_\_\_\_ Date signed 12 July 48

RECEIVED

JUL 15 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

07263

131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 months  
 Hospital, institution, or street address where death occurred:  
Fredk Memorial Hospital  
 How long in hospital or institution? 2 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Camp Deitrick  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Douglas McCrea Mitchell

## 3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 18, 1947 6.(c) If alive, give age years

8. AGE: Years 1 Months 2 Days 10 If less than one day hrs. min.

9. Birthplace Madison, Wisconsin  
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name John E. Mitchell13. Birthplace San Francisco, Cal.14. Maiden name Jane Cavert15. Birthplace Minneapolis, Minn.16. Informant John E. MitchellAddress Camp Deitrick, Fredk, Md.17. Burial July 29, 1948

(Burial, cremation, or removal, which?) Date thereof (month) (day) (year)

Cemetery or crematory Mt. Olivet CemeteryFrederick, Md.

Location

18. Funeral director M. R. Etchison and SonAddress Frederick, Md.19. 29-July 1948 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1948 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 28 1948 to July 28 1948and that I last saw him alive on July 28 1948Immediate cause of death Infusor reception

DURATION

18 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

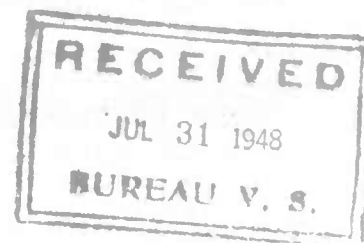
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. R. Schorlman, M.D.

M. D. or other

Address 502 W. 5th Date signed July 28, 1948



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 07264

### 1. PLACE OF DEATH:

County Frederick Co. Md.

City or town Frederick, Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days

Hospital, institution, or street address where death occurred:  
Frederick Co. Memorial Hospital

How long in hospital or institution? July 18, 1948

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 3016 Abell avenue  
(If rural, give LOCATION)

2.(a) If veteran, name war World War #2 ✓

### 3. (a) FULL NAME

JOHN V. MURPHY, Jr.

### 3. (b) Social Security Number

215-12-9581

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife \* \*

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1919 6.(c) If alive, give age \* years

8. AGE: Years 28 Months 8 Days 1 If less than one day hrs. min.

9. Birthplace Baltimore, Maryland  
(Town, county, and state)

10. Usual occupation CLERK

11. Industry or business GENERAL MOTORS-PARTS DEPT.

12. Name John Vincent Murphy

13. Birthplace Baltimore, Maryland

14. Maiden name Nellie Jones

15. Birthplace Alabama

16. Informant Mr. John V. Murphy

Address 3016 Abell ave.

17. Burial 7/24/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Mary's

Location Govans

18. Funeral director Chas. J. Evans, Son, Inc.

Address 118 N. Mt. Royal Ave.

19. July 23, 1948 a. w. Hefner  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 19 48, at 4 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on July 22 19 48

Immediate cause of death fracture of skull

Due to auto accident

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 7.18.48

Where did injury occur? near Frederick (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) auto

Means of injury auto Injured at work?

23. SIGNATURE R. W. Bann M. D. or other

Address Frederick, Md. Date signed 7.22.48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? Since July 1, 1948

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick - Rural R. D. 1  
(If outside city or town limits, write RURAL and give nearest town)Street No. Bartonsville  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3.(a) FULL NAME

REV. GEORGE LOUIS NELSON

## 3.(b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>C</u>	6.(a) Single, married, widowed, or divorced— <u>M</u>
--------------------	------------------------------	--

6.(b) Name of husband or wife Julia V. Diggs6.(c) If alive, give age 25 years7. Birth date of deceased (mo., day, yr.) August 13, 1895

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>10</u>	<u>21</u>	.....hrs. ....min.

9. Birthplace Simpsonville-Howard-Maryland  
(Town, county, and state)10. Usual occupation Minister

## 11. Industry or business

FATHER 12. Name Henry D. Nelson  
13. Birthplace Howard County Maryland

MOTHER 14. Maiden name Sarah J. Wilson  
15. Birthplace Howard County Maryland

16. Informant Mrs. Julia V. Nelson

Address

17. Burial Date thereof 7/7/48  
(Burial, cremation, or removal, whichever) (month) (day) (year)Cemetery or crematory Bartonsville CemeteryLocation R. F. D. #1, Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 7 July 1948 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 4th 1948 2:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 22 1948 to July 4 1948  
and that I last saw him alive on July 3 1948

Immediate cause of death Pericardial Cordis Vascular Renal Disease

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

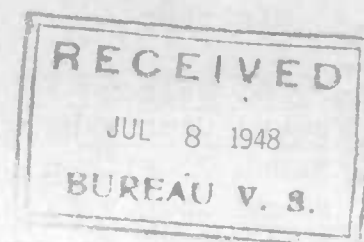
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard W. Ark M. D.

M. D. or other

Frederick, Maryland Date signed 7-6-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

183

07266

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Near Jug Bridge

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

Jug Bridge

(If rural, give LOCATION)

None

2. (a) If veteran, name war

## 3. (a) FULL NAME

AUSTIN ELVIN ROSS

## 3. (b) Social Security Number

220-21-6570

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

Elizabeth Jones

7. Birth date of deceased (mo., day, yr.)

April 14, 1906

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

4236

hrs.

min.

9. Birthplace

Jug Bridge-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER

12. Name

Samuel A. Ross

13. Birthplace

Maryland

MOTHER

14. Maiden name

Mattie Barton

15. Birthplace

Washington, D. C.

16. Informant

Mrs. Mattie Ross

Address

R.F.D.#1, Frederick, Maryland

17.

Burial

Date thereof

7/23/48

(Burial, cremation, or removal) Where

(month) (day) (year)

Cemetery or crematory

Bartonsville Cemetery

Location

R.F.D.#1, Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

23 July 1948

(Date rec'd by registrar)

Elizabeth G. Heisk

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

July 2019 48, at?

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

and that I last saw him dead July 22 19 48

Immediate cause of death

Drowning

DURATION

Due to

accidentally fell into Monocacy River

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

accidental

Date of

7.20.48

Where did injury occur?

Wm. Frederick, Frederick, Md

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Monocacy River

Means of injury

Drowning

Injured at work?

no

23. SIGNATURE

P. W. Baer

M. D. or other

Address

Frederick, MdDate signed 7.22.48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 24 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

07267

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick

City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? 1 day 2 hrs

### 3. (a) FULL NAME

Janet Louise Schell

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) July 3, 1948

8. AGE:

Years

Months

Days

It less than one day

0

0

1

hrs.

min.

9. Birthplace Frederick City, Frederick Co., Maryland  
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Robert Hedges Schell

13. Birthplace Frederick City, Maryland

MOTHER

14. Maiden name Grace Louise Oltrow

15. Birthplace Frederick County, Maryland

16. Informant Robert H. Schell

Address 420 Sherman Ave., Frederick, Md.

17. Burial

Date thereof 7/6/48

(Burial, cremation, or removal. When?)

(month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 6 July 19 48

(Date fixed by registrar)

Elizabeth L. Hachi

Registrar

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick City  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 420 Sherman Avenue  
(If rural, give LOCATION)

2. (a) If veteran, name war

### 3. (b) Social Security Number

None

### MEDICAL CERTIFICATION

20. DATE OF DEATH July 4th, 1948 at 8:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 3 - 1948 to July 4 - 1948  
and that I last saw him alive on July 4 - 1948

Immediate cause of death

Prematurity (5 1/2 mo.)

DURATION

24 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arthur F. W. Edwards M.D.

4 E. Church St. M. D. or other

Address Frederick, Md. Date signed July 5, 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

JUL 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH

County Fredrick  
 City or town Thurmont  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 days  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant, give residence of mother)

State Maryland County Fredrick  
 City or town Thurmont  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. St. Mary's  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war na

## 3. (a) FULL NAME

Minnie Belle Seiss

## 3. (b) Social Security Number

none

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

April 3, 1885

## 6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

63321

hrs.

min.

## 9. Birthplace

Matties Station, Fredk Co., Md.  
(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

## 12. Name

## 13. Birthplace

## 14. Maiden name

## 15. Birthplace

## 16. Informant

## Address

## 17.

(Burial, cremation, or removal, which?)

Date thereof

(month) (day) (year)

## Cemetery or crematory

## Location

## 18. Funeral director

## Address

## 19.

(Date registered by registrar)

19 48Blanche S. Eyles  
Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

July 24, 1948 at 4:45 P.M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 21, 1948, to July 24, 1948  
and that I last saw na alive on July 23, 1948

## Immediate cause of death

Cerebral Hemorrhage

## DURATION

4 days

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

James H. Gray M.D.  
Address Thurmont, Md. Date signed 7/26/48



RECEIVED

JUL 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age shown on:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

FUM No. G 11 JUL 16 1948

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? Since July 9, 1948

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
City or town Frederick-Rural R. F. D. #5  
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Feagaville  
(If rural, give LOCATION)

2. (a) If veteran, name war None

### 3. (a) FULL NAME

STELLA MAY SHAFF

### 3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife William E. Shaff

7. Birth date of deceased (mo., day, yr.) July 16, 1891 8. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 56 Months 11 Days 28 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick County Maryland  
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Henry Roberts  
13. Birthplace Frederick County Maryland

14. Maiden name Cordelia Summers  
15. Birthplace Frederick County Maryland

16. Informant Mrs. Charles Willard  
Address R.F.D. #5, Frederick, Md.

17. Burial 7/14/48 Date thereof \_\_\_\_\_  
(Burial, cremation, or removal, which?) (month) (day) (year)  
Cemetery or crematory Lutheran Cemetery

Location Middletown, Maryland

18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland

19. 12 July 1948 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1948 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from July 9, 1948 to July 11, 1948  
and that I last saw him alive on July 11, 1948

Immediate cause of death Lymphatic Leukemia  
Broncho pneumonia DURATION 5 Days

Due to \_\_\_\_\_  
Other conditions Cold and Flu 20 yrs

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
Means of injury \_\_\_\_\_ injured at work?

23. SIGNATURE G. J. Bruce M. D.  
M. D. or other \_\_\_\_\_  
Address Jefferson, Maryland Date signed 7-12-48

RECEIVED

JUL 14 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner's age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 60 years

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 3 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 552 East Church Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

JAMES FRANKLIN SHERALD

## 3. (b) Social Security Number

None4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorcedMaleWhiteWidowed6. (b) Name of ~~husband~~ or wife Margaret E. Graser

7. Birth date of deceased (mo., day, yr.) 8. (c) If alive, give age years

November 9-1857

8. AGE: Years Months Days It less than one day

90718hrs. min.9. Birthplace Boston, Massachusetts  
(Town, county, and state)10. Usual occupation Retired C&P Telephone Co.11. Industry or business Stock Clerk12. Name James F. Sherald13. Birthplace Boston, Massachusetts14. Maiden name Mary Moran15. Birthplace Boston, Massachusetts16. Informant Mrs. Ella UrbanAddress 552 E. Church St. Frederick, Md.17. Burial Date thereof July 29-48  
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C.E. Cline and SonAddress Frederick, Maryland19. 29 July 19 48 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 19 48 at 8:56 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 24 19 48 to July 27 19 48and that I last saw him alive on July 26 19 48Immediate cause of death arterioscleroticcardio-vascular disease

DURATION

2 yrs.

Due to

Due to

Other conditions Anemia, mild, due to 3 da  
Benign Prostatic Hypertrophy  
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

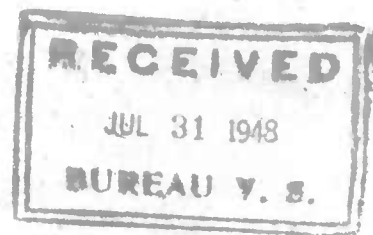
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arthur F. Woodward M.D. M. D. or otherAddress 4 E. Church St. Frederick Date signed July 27, 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

602 Magnolia Avenue

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 602 Magnolia Avenue

(If rural, give LOCATION)

None

2. (a) If veteran, name war

## 3. (a) FULL NAME

NORMAN ALBERT SLAGEN

## 3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Catherine Menchey6. (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.)

February 10, 1886

8. AGE:

Years

Months

Days

If less than one day

6257

.....hrs. ....min.

9. Birthplace Littlestown-Adams-Pennsylvania  
(Town, county, and state)10. Usual occupation Retired Watchmaker

11. Industry or business

12. Name Albert Slagenhaupt13. Birthplace Carroll County Maryland14. Maiden name Annie Bange15. Birthplace Carroll County Maryland16. Informant Mrs. Catherine SlagenAddress 602 Magnolia Ave., Frederick, Md.17. BurialDate thereof 7/20/48

(Burial, cremation, or removal. Write on)

Cemetery or crematory Mount Carmel CemeteryLocation Littlestown, Pennsylvania18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 19 July 1948  
(Date read by registrar)Elizabeth G. Heck  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 17th 1948, at 5:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

17 July 1948 to 17 July 1948and that I last saw him alive on 17 July 1948Immediate cause of death Coronary occlusion

DURATION

HoursDue to Hypertensionyears

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

.....Date of op. ....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE James B. Thomas M. D.Address Frederick, Maryland Date signed 7-19-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

07271

94a



RECEIVED

JUL 22 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, IN UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 6 Hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Point of Rocks  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2. (a) If veteran, name war None

## 3. (a) FULL NAME

ESTHER MAE SMITH

## 3. (b) Social Security Number

None

## 4. Sex

F

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

S

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) January 17, 1944

6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years 4Months 6Days 6

If less than one day

\_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)10. Usual occupation Infant

## 11. Industry or business

12. Name Charles E. Smith  
13. Birthplace Poolesville, Maryland14. Maiden name Catherine Stevens  
15. Birthplace Hagerstown, Maryland16. Informant Charles E. Smith  
Address Point of Rocks, Maryland17. Burial Date thereof 7/26/48  
(Burial, cremation, or removal Which?) (month) (day) (year)Cemetery or crematory Frederick Memorial Park  
Frederick, Maryland18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland19. 24 July 1948 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1948 at 2:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her alive on July 23 1948

Immediate cause of death

Encyphalitis

DURATION

2 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE P. W. Bau Dr. J. B. Bau

M. D. or other

Address Frederick, Md Date signed 7.23.48

**RECEIVED**

JUL 28 1948

BUREAU V. S.

**RECEIVED**

JUL 28 1948

BUREAU V. S.

C. D. (Charles Johnson)  
will notify us  
if infectious.

O.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

83a

07273 34

Reg. Diat. No.

1. PLACE OF DEATH: Fredrick County, Md  
 County.....  
 City or town..... Emmitsburg, Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 years  
 Hospital, institution, or street address where death occurred:  
Emmitsburg, Md  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State..... Maryland County..... Fredrick  
 City or town..... Emmitsburg, Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... near Emmitsburg Rd  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war..... no

3. (a) FULL NAME Mary Francis Sprinkle

3. (b) Social Security Number none

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed  
 6. (b) Name of husband or wife John G. Sprinkle  
 7. Birth date of deceased (mo., day, yr.) Aug - 12 - 1962 6. (c) If alive, give age..... years  
 8. AGE: Years 85 Months 10 Days 23 It less than one day..... hrs. .... min.

9. Birthplace Reisterstown, Md  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Housekeeping

12. Name William Turbayne

13. Birthplace Baltimore, Md

14. Maiden name Rebecca Ann Taubitz

15. Birthplace Baltimore, Md

16. Informant Mrs Chas Koehler (Daughter)

Address Emmitsburg, Md

17. Burial Date thereof..... July 8, 1948  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Reisterstown Methodist

Location Reisterstown, Md

18. Funeral director Wm. Bergman + Sons

Address Reisterstown, Md

19. July 6, 1948 Mary B. Cline  
 (Date read by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 5 - 1948 at..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Sept 1 - 1947 to July 5 - 1948  
 and that I last saw h..... alive on July 5 - 1948

Immediate cause of death Atherosclerosis DURATION 5 years

Due to Cerebral Hemorrhage 11 days

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations no operative Date of op.....

Autopsy results no autopsy  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide no accident Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE George H. Rejo MD M. D. or other

Address Emmitsburg, Md Date signed 7-5-48

RECEIVED

JUL 9 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Mount Pleasant

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Mount Pleasant  
 (If rural, give LOCATION)

2. (a) If veteran, name war None

## 3. (a) FULL NAME

MARY ELIZABETH STEVENS

## 3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband George A. Stevens

7. Birth date of deceased (mo., day, yr.) April 9, 1858  
 6. (c) If alive, give age ..... years

8. AGE: Years 90 Months 3 Days 14 It less than one day  
 ..... hrs. .... min.

9. Birthplace Frederick County Maryland  
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name John Wagner13. Birthplace Germany14. Maiden name Emily Burgeo15. Birthplace Frederick County Maryland16. Informant Miss Daisy E. StevensAddress R. F. D. #1, Frederick, Maryland17. Burial Date thereof 7/26/48

(Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory McKaig CemeteryLocation R. F. D. #1, Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 26 July 1948 Elizabeth Heck

(Date rec'd by registrar) 19..... Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 23rd, 1948 at 5:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1948 to 23 July 1948and that I last saw him/her alive on 19 July 1948

Immediate cause of death Arteriosclerotic heart disease  
 DURATION years

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

..... Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE James B. Thomas M. D.Address Frederick, Maryland Date signed 7-24-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 28 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Jefferson

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Jefferson

(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

GEORGE SHERMAN STOCKMAN

## 3. (b) Social Security Number

None4. Sex M5. Color or race W6. (a) Single, married, widowed, or divorced W6. (b) Name of husband or wife Manzella Souder7. Birth date of deceased (mo., day, yr.) August 7, 1861

6. (c) If alive, give age ..... years

8. AGE: Years 86 Months 11 Days 2 If less than one day

..... hrs. .... min.

9. Birthplace Jefferson-Frederick-Maryland

(Town, county, and state)

10. Usual occupation Retired Carpenter

11. Industry or business

12. Name John Stockman13. Birthplace Frederick County Maryland14. Maiden name Rebecca Fish15. Birthplace Frederick County Maryland16. Informant Mrs. James P. UnglebeeJefferson, Maryland17. Burial Date thereof 7/11/48

(Burial, cremation, or other method) (month) (day) (year)

Cemetery or crematory St. Pauls CemeteryLocation Jefferson, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 10 July 19 48 Elizabeth G. Heck

(Date read by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 9th 19 48 at 9:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 6 19 48 to July 9 19 48and that I last saw him alive on July 9 19 48Immediate cause of death Pulmonary edema

DURATION

1 DayDue to hypertension2 wksDue to secondary & advanced3 yrsOther conditions arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. J. R. PrinceAddress Jefferson MdDate signed 7/9/48

RECEIVED

JUL 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

 940  
 07276 131  
 Reg. Dist. No.

## 1. PLACE OF DEATH:

 County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 YearsHospital, institution, or street address where death occurred:  
1504 North Market Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 1504 North Market Street  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

SUSAN ELIZABETH STOTTLEMYER

## 3. (b) Social Security Number

None
 4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M
6. (b) Name of husband John R. Stottlemeyer6. (c) If alive, give age 77 years7. Birth date of deceased (mo., day, yr.) May 6, 1876
 8. AGE: Years 72 Months 1 Days 25 It less than one day hrs. min.
9. Birthplace Highland-Frederick-Maryland  
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Daniel M. Wolfe13. Birthplace Frederick County Maryland14. Maiden name Rebecca Gaver15. Birthplace Frederick County Maryland16. Informant John R. StottlemeyerAddress 1504 N. Market St., Frederick, Md.17. Burial Date thereof 7/3/48  
(Burial, cremation, or other method)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 2 July 48 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 1st, 1948 at 12:15A21. I CERTIFY that death occurred on the date above stated; that I attended deceased from never 19   to 19  and that I last saw her decease on 1 July 1948 19  Immediate cause of death Coronary Thrombosis DURATION 1 hrDue to   Due to   Other conditions   

(Include pregnancy within 3 months of death)

Major findings of operations   Date of op.   Autopsy results   

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide    Date of   Where did injury occur?    (City or town) (County) (State)Injured at home, farm, industry, public place (where?)   Means of injury    Injured at work?   23. SIGNATURE Charles H. Conley, Jr. M.D.Asst. Sup. Med. Exam. (City or town) (State) Frederick, MarylandAddress    Date signed 7-1-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County FredrickCity or town Wicoma  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FredrickCity or town Wicoma  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war No

## 3. (a) FULL NAME

Anna Mary Virginia Stull

## 3. (b) Social Security Number

No

## 4. Sex

F

## 5. Color or race

W.

## 6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Grayson Stull7. Birth date of deceased (mo., day, yr.) December 11, 1870

6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

77628

hrs.

min.

9. Birthplace Charlestown, Fredrick Co., Md.  
(Town, county, and state)10. Usual occupation Retired11. Industry or business Hawthorne12. Name Gray Stull13. Birthplace Charlestown, Md.14. Maiden name Mary - unknown15. Birthplace Charlestown, Md.16. Informant Mrs. Glenn Stull

Address

Fredrick R.D. 3, Md.17. Burial Date thereof July 11-48  
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory St. Charles CohnLocation Fredrick19. Funeral director M. Creager Kay

Address

Thurmont, Md.19. July 11 19 48 Blanche S. Eyles  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 19 48 at 7:15 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 20 19 38 to July 9 19 48and that I last saw her alive on July 8, 1948 19Immediate cause of death Hypertensive Cardio VascularRenal Disease

DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE C. E. TaylorAddress Wolkesville, Md. Date signed July 9, 48

RECEIVED

JUL 14 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

07278 131

Reg. Dist. No. ....

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County..... Frederick  
 City or town..... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 3 months  
 Hospital, institution, or street address where death occurred:  
708 N. Market St  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick  
 City or town..... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... 312 Park Ave.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war..... None

## 3. (a) FULL NAME

Mrs. Leora E. Stup

## 3. (b) Social Security Number

4. Sex..... Female 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Widow  
 6. (b) Name of husband or wife..... William H. Stup  
 7. Birth date of deceased (mo., day, yr.)..... June 10, 1876 6. (c) If alive, give age..... years  
 8. AGE: Years..... 72 Months..... 1 Days..... 18 If less than one day..... hrs. .... min.

9. Birthplace..... Frederick Co., Md.  
 (Town, county, and state)

10. Usual occupation..... At Home

11. Industry or business.....

12. Name..... George W. Zimmerman

13. Birthplace..... Frederick Co., Md.

14. Maiden name..... Mary Renn

15. Birthplace..... Frederick Co., Md.

16. Informant..... Mr. Lloyd R. Stup

Address..... 13 N. Jefferson St., Fred. Md.

17. Burial Date thereof..... 7-31-1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Mount. Olivet Cemetery

Location..... Frederick, Md.

18. Funeral director..... M. R. Etchison & Son

Address..... Frederick, Md.

19. 30 July 1948 Elizabeth G. Heck  
 (Date filed by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 28 1948 at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1948, to July 28 1948  
 and that I last saw her alive on July 28 1948

Immediate cause of death.....

Cerebral Haemorrhage DURATION..... 3 days

Due to.....

Due to..... Arteriosclerosis

Other conditions..... Diphtheria Mellitus

(Include pregnancy within 3 months of death)

Major findings of operations..... none

..... Date of op. ....

Autopsy results..... none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

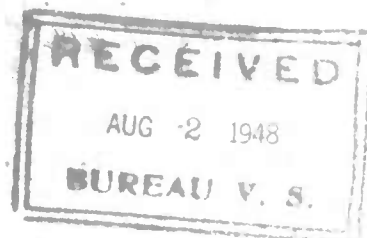
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... A. A. Pearre M.D.  
 M. D. or other

Address..... Frederick, Md. Date signed..... 7/29/48





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? one year

Hospital, institution, or street address where death occurred:

I. O. O. F. Home

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick, rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Jarret Nelson Thompson

## 3. (b) Social Security Number

4. Sex <u>male</u>	5. Color or race <u>white</u>	6.(a) Single, married, widowed, or divorced <u>widower</u>
-----------------------	----------------------------------	---

6.(b) Name of husband or wife Unknown7. Birth date of deceased (mo., day, yr.) Sept. 15, 1872  
6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years <u>75</u>	Months <u>10</u>	Days <u>11</u>	If less than one day _____ hrs. _____ min.
----------------------------	---------------------	-------------------	---

9. Birthplace Havre deGrace, Harford, Md.  
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name Evan Thompson,13. Birthplace Harford Co., Md.14. Maiden name Sarah E. Knight,15. Birthplace Harford Co., Md.16. Informant Records, I. O. O. F. Home,  
Address Frederick, Md.17. Burial Date thereof 7/29/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Weslyn Chapel Cem.,Location Aberdeen, Md.18. Funeral director M. R. Etchison & Son,Address Frederick, Maryland19. 27-July 1948 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 26th., 1948 at 2/10P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1948 to July 26 1948  
and that I last saw him alive on July 25 1948Immediate cause of death Paralysis DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

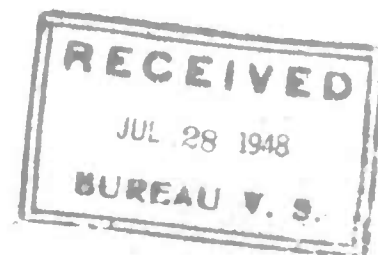
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W. M. Smith, D. M. D. or otherAddress Frederick, Md. Date signed 7/27/48



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

193

07279

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

### 1. PLACE OF DEATH:

County Frederick  
 City or town Rocky Ridge - rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death 4 or 5 hours  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Stone Creek - rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

WILLIAM PAUL VALENTINE

### 3. (b) Social Security Number

213-18-7559

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Violet Hatzel  
 7. Birth date of deceased (mo., day, yr.) May 23, 1896  
 6. (c) If alive, give age 48 years  
 8. AGE: Years 52 Months 2 Days 4 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Committsburg, Fred's Co., Md.  
 (Town, county, and state)

10. Usual occupation Farmer

### 11. Industry or business

12. Name William J. Valentine  
 13. Birthplace Committsburg, Md.  
 14. Maiden name Mary J. Smith  
 15. Birthplace Maryland

16. Informant Mrs. Helen Paul Valentine  
 Address Committsburg, Md. R. F. D.

17. Burial Date thereof July 30, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Lebanon  
 Location Rocky Ridge, Md.

18. Funeral director M. J. Berger & Son  
 Address Thurmont, Md.

19. July 30 1948 Blanche S. Eyles  
 (Date read by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 27 July 1948 at 4:10 M

21. I CERTIFY that death occurred on the date above stated that I attended deceased from \_\_\_\_\_ 19\_\_\_\_  
 and that I last saw him in bed on 27 July 1948

Immediate cause of death accidental electrocution DURATION Inst.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Accident Date of 7/28/48

Where did injury occur? Mr. Rocky Ridge, Frederick Md.  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home of friend

Means of injury accid. electrocution Injured at work? No

23. SIGNATURE Charles H. Conley, M.D.  
Asst. Sup. Md. Exam or other \_\_\_\_\_  
 Address Frederick, Md. Date signed 7/27/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**RECEIVED**  
AUG 3 1948  
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 days  
 Hospital, institution, or street address where death occurred:  
Frederick Memorial Hospital  
 How long in hospital or institution? 2 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Carroll  
 City or town Westminster  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 179 W. Main St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war ☒

## 3. (a) FULL NAME

Wantz, Mrs Pearre (Carrie R)

## 3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced married  
 6. (b) Name of husband or wife J. Pearre Wantz  
 7. Birth date of deceased (mo., day, yr.) July 29, 1877 6. (c) If alive, give age 69 years  
 8. AGE: Years 70 Months 11 Days 22 If less than one day  
 hrs. min.

9. Birthplace Westminster, Md.  
 (Town, county, and state)  
 10. Usual occupation none  
 11. Industry or business

FATHER 12. Name William G. Rinehart  
 13. Birthplace Maryland  
 MOTHER 14. Maiden name Caroline Byers  
 15. Birthplace Maryland

16. Informant J. Pearre Wantz  
 Address Westminster, Md.

17. burial Date thereof 7/24/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Krider's Cemetery  
 Location Westminster, Md.

18. Funeral director J. Francis Reese  
 Address Westminster, Md.

19. 7/22 48 Elizabeth B. Hook  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 19 48 at 10<sup>35</sup> P.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 19 48 to July 21 19 48  
 and that I last saw him alive on July 21 19 48  
 Immediate cause of death

Cerebral Haemorrhage DURATION 2 days  
 Due to  
 Due to Hypertension  
 Other conditions Arteriosclerosis  
 (Include pregnancy within 3 months of death)

Major findings of operations none Date of op.  
 Autopsy results none  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE A. Austin Reese, M.D. M. D. or other  
 Address Frederick, Md. Date signed 7/21/48

RECEIVED

JUL 24 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

92d

07281

Reg. Dist. No. 134

## 1. PLACE OF DEATH:

County FrederickCity or town Emmitsburg  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 79 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Emmitsburg  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Sallie Elizabeth Wantz

## 3. (b) Social Security Number

None

4. Sex

F

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed6.(b) Name of husband or wife John R. Wantz

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of

deceased (mo., day, yr.) August 28, 1868

8. AGE:

Years

79

Months

11

Days

2

It less than one day

hrs.

min.

9. Birthplace Adams County, Penna.

(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

FATHER

12. Name

Francis Carroll

13. Birthplace

unknown

MOTHER

14. Maiden name

\*\*\*\* Slaybaugh

15. Birthplace

unknown

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof August 2, 1948  
(month) (day) (year)Cemetery or crematory Mt. View CemeteryLocation Emmitsburg, Maryland

18. Funeral director

Address

19.

(Date recd by registrar)

Emmitsburg, Maryland

## MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

and that I last saw her alive on July 30, 1948Immediate cause of death acute dilatation of heartDue to chronic endocarditisOther conditions hypertension

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Joan M. Henderson MDAddress Fairfield, Pa. Date signed 7-31-48

RECEIVED

AUG 3 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 07282 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 18 Years

Hospital, institution, or street address where death occurred:

312 East Patrick Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 312 East Patrick Street

(If rural, give LOCATION)

2. (a) If veteran, name war None

## 3. (a) FULL NAME

WILLIAM LENHART WEAVER

## 3. (b) Social Security Number

214-10-4075

4. Sex

Male

5. Color or race

White6. (a) Single, married, widowed, or divorcedDivorced6. (b) Name of husband or wife Gertrude E. Weaver6. (c) If alive, give age 67 years

7. Birth date of

deceased (mo., day, yr.)

October, 1875

8. AGE:

Years

Months

Days

If less than one day

729?

hrs.

min.

9. Birthplace Dover, York County, Pa.  
(Town, county, and state)10. Usual occupation Auto Painter

11. Industry or business

12. Name Alfred Weaver13. Birthplace Dover, Pa.14. Maiden name Mary Lenhart15. Birthplace Dover, Pa.16. Informant Mr. Alfred W. WeaverAddress York, Pa.17. Burial Date thereof July 30, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Salem Union CemeteryLocation Dover, Pa.18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 28 July 1948 Elizabeth H. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 27th 1948 at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7-24 1948 to 7-24 1948and that I last saw him alive on 7-24-48 1948

Immediate cause of death

Coronary & Bronchitis

DURATION

2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Dr. H. B. Baarns Jr. M. D. or otherAddress Frederick Date signed 7-28-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

07893

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick Route # 4.  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Route # 4  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Walter Newton Whipp

## 3. (b) Social Security Number

214-10-2633

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleWhiteMarried6. (b) Name of husband or wife Mary J. Reeder6. (c) If alive, give age 50 years7. Birth date of deceased (mo., day, yr.) December 24, 18858. AGE: Years Months Days If less than one day  
62 7 1 hrs. min.9. Birthplace Church Hill, Fred. Co., Md.  
 (Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Daniel Whipp13. Birthplace Frederick County Md.14. Maiden name Mary J. R. Myers15. Birthplace Adamstown, Md.16. Informant Roscoe N. WhippAddress Rockville, Md.17. Burial Date thereof July 27, 1948  
 (Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Mt. Olivet CemeteryLocation Frederick, Md.18. Funeral director M. R. Etchison & SonAddress Frederick, Md.19. 27-July 1948 Elizabeth G. Hark  
 (Date received by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1948 at 12:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 21 1948 to July 25 1948and that I last saw him alive on July 24 1948Immediate cause of death Cerebral hemorrhage

DURATION

3 DaysDue to Arteriosclerosis & hypertension7 yrs

Due to

Other conditions Chronic Asthma2 yrsCerebral hemorrhage1 yr

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. L. Brice

M. D. or other

Address Jefferson Rd Date signed 7/25/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

701 East South Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 701 East South Street

(If rural, give LOCATION)

2. (a) If veteran, name war World War I

## 3. (a) FULL NAME

DAVID LEWIS WILES

## 3. (b) Social Security Number

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Dorothy M. Baker7. Birth date of deceased (mo., day, yr.) August 11, 1896

8. AGE:	Years	Months	Days	It less than one day
	<u>51</u>	<u>10</u>	<u>25</u>	.....hrs. ....min.

9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)10. Usual occupation Truck Driver

## 11. Industry or business

12. Name William H. Wiles13. Birthplace Frederick County Maryland14. Maiden name Susan A. Myers15. Birthplace Frederick County Maryland16. Informant Mrs. Dorothy WilesAddress 701 E. South St., Frederick, Md.17. Burial 7/9/48  
(Burial, cremation, or removal, which?) Date thereof (month) (day) (year)Cemetery or ~~crematory~~ Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 8 July 1948 Elizabeth G. Heck  
(Date rec'd by Registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 6th 1948 at 11:25P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1948 to July 6 1948and that I last saw him alive on July 5 1948Immediate cause of death Hypertensive Heart Disease

DURATION

Due to Brain

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D.Address Frederick, Maryland Date signed 7-8-48

RECEIVED

JUL 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07285

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
Frederick Memorial Hospital  
 How long in hospital or institution? 2 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 123 Jefferson Street  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war None

## 3. (a) FULL NAME

MRS. PEARL E. WILLARD

## 3. (b) Social Security Number

None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced	
Female	White	Married	

6. (b) Name of husband or wife J. Lee Willard  
 6. (c) If alive, give age 52 years  
 7. Birth date of deceased (mo., day, yr.) January 22, 1898  
 8. AGE: Years Months Days If less than one day  
50 5 13 ..... hrs. .... min.

9. Birthplace Reel's Mill, Frederick County, Md.  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Charles E. O'Hara  
 13. Birthplace Frederick County, Maryland  
 14. Maiden name Frances M. Esworthy  
 15. Birthplace Frederick County, Maryland

16. Informant Mr. J. Lee Willard  
 Address 123 Jefferson St., Frederick, Md.

17. Burial Date thereof July 8, 1948  
 (Burial, cremation, or other) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery  
 Location Frederick, Maryland

18. Funeral director C. E. Cline & Son  
 Address Frederick, Maryland

19. 7 July 1948 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 5th 1948, at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2nd, 1948, to July 5th, 1948, and that I last saw her alive on July 5th, 1948.

Immediate cause of death Coronary Thrombosis  
 DURATION 3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert L. Lyson M. D. or other

Address Frederick, Md. Date signed July 7/48

RECEIVED

JUL 8 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change  
age is shown on

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

07286

FILM No. G 116 AUG 2-1948 CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
City or town Harmony Grove (Rural)  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years

Hospital, institution, or street address where death occurred:

Frederick Route #1

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County Frederick  
City or town Harmony Grove Rural  
(If outside city or town limits, write RURAL and give nearest town)

Street No. Frederick Route #1 (Rural)  
(If rural, give LOCATION)

2.(a) If veteran, name war

none

## 3. (a) FULL NAME

Scott Everett Norman

## 3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Eunna Jones Norman

(dead)

8. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Nov. 8 1861

8. AGE:

Years

Months

Days

If less than one day

8685818

..... hrs.

..... min.

9. Birthplace

Harmony Grove, Fred Co Md  
(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

Cotton Broker

MOTHER FATHER

12. Name

Wm D. Norman

13. Birthplace

Frederick Co. Md

14. Maiden name

Mary E. Sittenger

15. Birthplace

Frederick Co. Md

16. Informant

Mary Willatts Norman

Address

Frederick Rt #1

17.

Burial  
(Burial, cremation, or removal, etc.)

Date thereof

7/22/48  
(month) (day) (year)

Cemetery or crematorium

Mt. Olivet

Location

Frederick Md

18. Funeral director

Wm E. Coats Co

Address

Frederick, Md

19.

21 July  
(Date rec'd by registrar)1948Elizabeth Y. Heek

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1948, at 6:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1946 to July 20 1948

and that I last saw him alive on

July 19 1948

Immediate cause of death

Chronic Cardio-Vascular  
Renal Disease

DURATION

5 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Howard W. Ashmole

M. D. or other?

Address

Frederick, Md

Date signed

7-21-48

RECEIVED

JUL 24 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07287

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick-Rural R. F. D. #4  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Near Frederick

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #4  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Near Frederick  
 (If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

BENJAMIN FRANKLIN ZIMMERMAN

## 3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>W</u>
--------------------	------------------------------	--

6. (b) Name of ~~husband~~ or wife Virginia Murray

7. Birth date of deceased (mo., day, yr.) February 6, 1853  
 5. (c) If alive, give age \_\_\_\_\_ years

8. AGE:	Years	Months	Days	If less than one day
	<u>95</u>	<u>4</u>	<u>27</u>	_____ hrs. _____ min.

9. Birthplace Frederick County Maryland  
 (Town, county, and state)

10. Usual occupation Retired

## 11. Industry or business

FATHER  
 12. Name Elias Zimmerman  
 13. Birthplace Frederick County Maryland

MOTHER  
 14. Maiden name Ann Marie Greenwald  
 15. Birthplace Frederick County Maryland

16. Informant Miss Mollie V. Zimmerman  
 Address R. F. D. #4, Frederick, Md.

17. Burial Date thereof 7/6/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Lukes CemeteryLocation Feagaville, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 6 July 1948 Elizabeth B. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 3rd, 1948 at 8:45P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2nd 1948 to July 3 1948  
 and that I last saw him alive on July 3 1948

Immediate cause of death Cervical Thrombosis  
 Due to Arteriosclerosis  
 Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE F. H. Hedge M. D.  
Frederick, Maryland M. D. or other \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed 7-6-48

